

Request for Chemical Treatment Form

	al Stormwater Permit ction Stormwater Permit	
Permittee Information		
Permittee name:		
Permittee company name:		
Permittee address:		
Permittee phone number:		
Site Information		
Site name:		
Site address:		
Proper parcel number, if known:		
Site contact name:		
Site contact phone number:		
Name of receiving water body:		
Treatment System Operator Information		
Operator or Company Name:		
Operator address:		
Operator phone number:		

☐ Chitosan enhanced sand filtration with disc ☐ Chitosan enhanced sand filtration with disc ☐ Chitosan enhanced sand filtration with disc ☐ Electrocoagulation ☐ Other	
Check chemical requested ☐ FlocClear™ (2% chitosan acetate solution) ☐ StormKlear™ LiquiFloc™ (1% chitosan acetate solution) ☐ StormKlear ™ LiquiFloc ™ (3% Chitosan acetate solution) ☐ ChitoVan™ (1% chitosan acetate solution) ☐ ChitoVan™ (1.5% chitosan acetate solution) ☐ Poly Aluminum Chloride ☐ HaloSource Dual Polymer™ ☐ BHR-P50 ☐ Other *Requests to use treatment chemicals that have CTAPE process may require a site-specific en	etate solution) cetate solution) n) ve not received approval through the gineering report and/or an effluent toxicity
evaluation through the following publication: La Toxicity Test Review Criteria Appendix G (Pub	
Estimate of Treatment Period	
Begin date:	End date:

I hereby certify that the following information is correct:

Check Treatment Option Requested

- The Stormwater Pollution Prevention Plan (SWPPP) includes the chemical treatment system specifications and design.
- The best management practices (BMPs) on the site use all known, available, and reasonable methods of treatment (AKART) and I ensure that I will maintain these BMPs at AKART.
- I reviewed the best management practices on site or those proposed in the SWPPP and believe they will not interfere with the use of chemical treatment.
- I verified through jar tests that the site soil is conducive to chemical treatment.
- I verified that any treated water discharging from this site enters a stream or a stormwater system that discharges to flowing fresh water, or to lakes, marine environments, or other quiescent water bodies if the chemicals used in said discharge are previously approved by Ecology.
- I verified that the CESF operators received Ecology-approved training.
- I read, understand, and will follow all conditions and design criteria in the applicable use level designation(s).

- I notified the appropriate local government of the intent to use chemical treatment on a site located in their jurisdiction, and they agree that the system design and use of chemicals is acceptable.
- I will keep the use level designation, operation and maintenance manual, and training certificate on-site prior to the use of chitosan acetate.
- Where necessary, a licensed engineer designed the system correctly including system sizing, pond sizing, and flow requirements.
- I verify that discharge will not affect downstream conveyance systems or stream channels.

Permittee name (printed)	
Permittee signature	Date:
Operator name (printed)	
Operator signature	Date:

Your authorization to use the requested chemical treatment begins once Ecology reviews and approves your completed application.

Please send your completed request to:

Douglas C. Howie, P.E.
Department of Ecology
Water Quality Program
PO Box 47696
Olympia, WA 98504-7696

To send electronically, scan <u>signed and dated</u> application and <u>email to: douglas.howie@ecy.wa.gov</u>

To request ADA accommodation including materials in a format for the visually impaired, call the Water Quality Program at Ecology, 360-407-6600. Persons with impaired hearing may call Washington Relay Service at 711. Persons with speech disability may call TTY at 877-833-6341.